	ST			ENT OPPORTU		ISSION ATION (EEC) 4)		APPROVED BY OMB 30460008
				EMS AND EDU					EXPIRES 12/31/2005
				ΓΙΟΝ PRINTED					MPLETED M TO:
		<u>C</u>		- MBER: 3530002 Year: 19	0			EEO-4 Reporting Center PO Box 8127 Reston VA 20195	
			A. TYPE (OF GOVERNM	ENT (Check or	ne box only)			
	1. State		2. County		3. City		4. Township		5. Special District
	6. Other (Specif	y)		•	•		•		•
				B. IDENTI	FICATION				
		1. NA	ME OF POLITI	CAL JURISDIC	TION (If same a	as label, skip to I	tem C)		
			r	ALBUQUER(UE CITY OF				
2. AddressNumber and Street CITY/TOWN			TOWN	COUNTY STA		STAT	E/ZIP	EEOC USE ONLY A	
ONE	ONE CIVIC PLAZA RM 703 ALBUQUERQUE			UERQUE	BERNA	ALILLO	NM-8	37103	В
				C. FUN	CTION		•		•
(Check one	e box to indicate the t	function(s) for whi	ch this form is bei			d for all department	s and agencies in y	our government co	overed by the
function(s	s) indicated. If you ca	annot supply the da	ata for every agenc	y within the functi	on(s) attach a list s	showing name and	address of agencies	whose data are no	t included.)
	SUMMARY FUN	CTION							
\mathbf{V}	1.Financial Admin purchasing, central carried on by a treat	l accounting and si	milar financial adı	ministration	☑	visiting nurses, fo	vision of public hea	-	
	GENERAL CONT		-			rehabilitation service, etc. 9. HOUSING. Code enforcement, low rent public housing, fair hou ordinance enforcement, housing for elderly, housing rehabilitation,			-
	supervisors or com agencies, central p	ersonnel or planni	ng agencies, all jud			control.	,	,,	,
V	2. STREETS AND administration of s	HIGHWAYS. M	aintenance, repair,		Z		Y DEVELOPMEN n space, beautificat	0.	g, land
V	3. PUBLIC WELF the needy administ should be reported	FARE. Maintenance	e of homes and oth	ner institutions for		11. CORRECTIO	n space, beautificat NS. Jails, reformat arole and probation	ories, detention ho	mes, halfway
V	4. POLICE PROTo constable's, corone employees engage	er's office, etc., inc	luding technical ar		Z		ND TRANSPORT		
V	5. FIRE PROTEC employees. (Repor	TION. Duties of th	e uniformed fire for		V	collection and disp	N AND SEWAGE. posal. Provision, m ystems and sewage	aintenance and op	· ·
ZI ———	6. NATURAL RE irrigation drainage PARKS AND REC parks, playgrounds zoos, etc.	, flood control, etc CREATION. Provi	., and ision, maintenance	and operation of		14. EMPLOYME	NT SECURITY ST	TATE GOVERNM	ENTS ONLY
	7. HOSPITALS A	ND SANATORIU	MS. Operation and	d maintenance of		15. OTHER (Spec	eify on Page Four)		

institutions for inpatient medical care.

(Lines 75-82)

FUNCTION TYPE 1									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
LIST AGENCIES INCLUDED ON THIS FORM									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE						
	Mary Scott		Director HR						
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777			
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			V			
2019-09-27	mscott@cabq.gov		Mary Scott Director HR						

	FUNCTION TYPE 2 6 (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report) GENCIES INCLUDED ON THIS FORM*** ATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying s. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.) ME OF PERSON TO CONTACT REGARDING THIS FORM TITLE Mary Scott Director HR ADDRESS (Number and Street, City, State, Zip Code) TELEPHONE NUMBER Ext FAX NUMBER						
REMARKS (List National Crime I	Information Center (NCIC) number	er assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
•	•		•	as reported in ac	cordance with acc	ompanying	
NAME OF PERSON TO CONTACT REGARDING THIS FORM		IS FORM	RM TITLE				
NAME OF PERSON TO CONTACT REGARDING THIS				Director HR			
ADDRESS (Number	er and Street, City, State, Zip Co	ode)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710)3,,,	505-768-3714		505-76	8-3777	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V	
2019-09-27	mscott@cabq.gov		Mary Scott Director HR				

FUNCTION TYPE 3									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
LIST AGENCIES INCLUDED ON THIS FORM									
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NAME OF PERSON TO	CONTACT REGARDING THI	S FORM	TITLE						
	Mary Scott		Director HR						
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777			
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			V			
2019-09-27	mscott@cabq.gov		Mary Scott Director HR						

(Lines 75-82)

FUNCTION TYPE 4									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
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NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE						
	Mary Scott		Director HR						
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777			
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			V			
2019-09-27	mscott@cabq.gov		Mary Scott Director HR						

		FUNCTION	N TYPE 5				
REMARKS (List National Crime I	Information Center (NCIC) number	er assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
CERTIFICATION. I certify that the instructions. (Willfully false statements)	•		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in ac	cordance with acc	ompanying	
NAME OF PERSON TO CONTACT REGARDING THIS FORM		IS FORM	DRM TITLE				
	Mary Scott			Director HR			
ADDRESS (Number	er and Street, City, State, Zip Co	ode)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710)3,,,	505-768-3714		505-76	8-3777	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V	
2019-09-27	mscott@cabq.gov		Mary Scott Director HR				

FUNCTION TYPE 6									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
LIST AGENCIES INCLUDED ON THIS FORM									
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NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE						
	Mary Scott		Director HR						
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777			
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			V			
2019-09-27	mscott@cabq.gov		Mary Scott Director HR						

		FUNCTION	N TYPE 8				
REMARKS (List National Crime I	Information Center (NCIC) number	er assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
CERTIFICATION. I certify that the instructions. (Willfully false statements)	•		e to the best of my knowledge and w Title 18, Section 1001.)	as reported in ac	cordance with acc	ompanying	
NAME OF PERSON TO CONTACT REGARDING THIS FORM		IS FORM	ORM TITLE				
	Mary Scott			Director HR			
ADDRESS (Number	er and Street, City, State, Zip Co	ode)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710)3,,,	505-768-3714		505-76	8-3777	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V	
2019-09-27	mscott@cabq.gov		Mary Scott Director HR				

(Lines 75-82)

		FUNCTION	TYPE 10				
REMARKS (List National Crime I	Information Center (NCIC) number	er assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)		
LIST AGENCIES INCLUDED	ON THIS FORM						
·	he information given in this report nents on this report are punishable		e to the best of my knowledge and w Title 18, Section 1001.)	vas reported in ac	cordance with acc	companying	
NAME OF PERSON TO	CONTACT REGARDING TH	IS FORM	TITLE				
	Mary Scott			Director HR			
ADDRESS (Numb	er and Street, City, State, Zip Co	ode)	TELEPHONE NUMBER	Ext	FAX NU	JMBER	
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710)3,,,	505-768-3714		505-76	8-3777	
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	lacksquare	
2019-09-27	mscott@cabq.gov		Mary Scott Director HR				

FUNCTION TYPE 12								
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)							
LIST AGENCIES INCLUDED ON THIS FORM								
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NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE					
	Mary Scott		Director HR					
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER		
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777		
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			M		
2019-09-27	mscott@cabq.gov		Mary Scott Director HR					

FUNCTION TYPE 13									
REMARKS (List National Crime	EMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)								
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NAME OF PERSON TO CONTACT REGARDING THIS FORM			TITLE						
	Mary Scott		Director HR						
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
One Civic Plaza Ro	oom 703, Albuquerque,NM,8710	3,,,	505-768-3714		505-76	8-3777			
DATE	EMAIL	TYPED NA	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE			V			
2019-09-27	mscott@cabq.gov		Mary Scott Director HR						